

MARSHALL COUNTY OCCUPATIONAL LICENSE TAX FOR GENERAL OUTLAY PURPOSES

Imposed by the Marshall County, Kentucky Fiscal Court effective January 1, 1982

2004
ANNUAL RETURN

For the year Jan. 1 - Dec. 31, 2004 or other taxable year beginning _____, 2004 and ending _____.

Your Social Security No. or Employer ID No. _____ Your Occupation _____

Spouse's Social Security No. if joint return _____ Spouse's Occupation _____

Name & Address Change if Incorrect	List all 2004 employers and show amount of Marshall County Occupational Tax withheld. Attach W-2 if available.	
	EMPLOYERS (Both in and out of County)	Tax W/H
	_____	\$ _____
	_____	_____
	_____	_____
Do not include School Tax _____		_____
Total and enter on Line 7 _____		\$ _____

1. INCOME FROM FEDERAL RETURN YOU ARE FILING:

Line 22, Form 1040 \$ _____
 Line 15, Form 1040-A \$ _____
 Line 4, Form 1040-EZ \$ _____
 Ordinary income from Line 22, Form 1065 (see line 16) \$ _____
 Line 28, Form 1120 _____ add back taxes on income \$ _____ \$ _____
 Line 24, Form 1120-A \$ _____
 Line 21, Form 1120-S (see line 16) \$ _____

2. LESS NET UNEARNED INCOME NOT SUBJECT TO TAX (INTEREST, DIVIDENDS, CAPITAL GAINS, RENT, PENSIONS, ETC.) DESCRIBE BELOW.

3. SUBTOTAL (subtract line 2 from line 1) \$ _____
 4. LESS INCOME EARNED OUTSIDE MARSHALL COUNTY (from line 15 on reverse) \$ _____
 5. TAXABLE INCOME (subtract line 4 from line 3) \$ _____
 6. TAX (multiply line 5 by 1%) \$ _____
 7. LESS: General Occupational Tax Withheld or paid (list above) \$ _____
 8. TAX DUE _____ or REFUND DUE \$ _____
 9. Penalty on tax past due (1% of line 8 until paid) \$ _____
 10. Interest on tax past due (8% per annum of line 8 until paid) \$ _____
 11. Penalty for failure to file return by due date (Add \$10.00 per KRS 160.648) \$ _____
 12. TOTAL TAX, PENALTIES AND INTEREST DUE (add lines 8 thru 12) \$ _____

SCHEDULE 2 - Enter net income or (loss) from schedules which were attached to your Federal Income Tax Return.

C \$ _____; E (Part I) \$ _____; Other: _____ Other: _____ Other: _____
 D \$ _____; E (Part II) \$ _____; Form 4797 \$ _____; \$ _____; \$ _____
 F \$ _____; E (Part III) \$ _____; \$ _____; \$ _____; \$ _____; \$ _____

*Note: Refund of overpayment cannot be made unless this schedule is properly completed.

Make check or money order payable to **MARSHALL COUNTY TAX ADMINISTRATOR** and mail to P.O. Box 114, Benton, Kentucky 42025.
DUE DATE: April 15, 2005 or three and one-half months following Fiscal Year End.

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

Sign Here	_____ / _____ / _____ / _____
	Your Signature Spouse's Signature Title Date
	_____ / _____ / _____ / _____
	Preparer's Signature Preparer's Address Date

14. INCOME EARNED OUTSIDE MARSHALL COUNTY

A. SALARIES AND WAGES:

EMPLOYER	JOB LOCATION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Salaries and Wages		\$ _____

B. FROM BUSINESS OR PROFESSIONS (see below)

DESCRIBE	AMOUNT
_____	_____
_____	_____
_____	_____
Total from Business or Professions\$ _____	

15. TOTAL INCOME EARNED OUTSIDE MARSHALL COUNTY (Add 14a & b) (enter on line 4 on reverse) \$ _____

BUSINESS OR PROFESSIONS: The net profits of businesses and professions from activities conducted outside the County shall be computed as follows:

1. Ascertaining the percentage which the gross receipts of the licenses from sales or services rendered outside the county bears to the total gross receipts from sales or services rendered wherever made.
2. Ascertaining the percentage which the wages, salaries, and other personal service compensations for the period covered by the report for services performed or rendered outside the County bears to the total wages, salaries and personal service compensation for such period of all the licensee's employees everywhere.
3. Adding together the percentages determined in subparagraphs one (1) and two (2) above, and dividing the total so obtained by two (2), or by the number of factors actually used.
4. Multiply the entire net profit from all sources by the percentage so obtained. Attach computations, and enter the amount in 14B above.

16. PARTNERSHIPS AND SUBCHAPTERS "S" CORPORATIONS: LIST PARTNERS OR SHAREHOLDERS:

NAME	ADDRESS	% OF PROFITS	COMPENSATIONS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____